EXFRESS: EL 977021576 WS

Please type a plus sign (+) inside this box

DECLARATION FOR UTILITY OR

DESIGN PATENT APPLICATION

(37 CFR 1.63)

OR

Declaration

Submitted after Initial

□ Declaration

Submitted

PTO/SB/01 (10-00)

Donald Walter Bartch

PU030305

COMPLETE IF KNOWN

1 --

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number

First Named Inventor

Application Number

Filing Date

With Initial Filing	Filing (surcharge (37 CFR 1.16 (e))	Group Art Unit							
· ming	required)	Examiner Name			フ				
		· · · · · · · · · · · · · · · · · · ·							
As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
METHOD OF MANUFACTURING A CRT USING A FLOWCOATING PROCESS									
the specification of which	(Title of the	ne Invention)			·				
is attached hereto									
OR Solution (MM/DD/YYYY) As United States Application Number or PCT International									
· .			Application Number of	PCI Internationa					
Application Number	and	was amended on (MM/DI)/YYYY) [(i	f applicable).				
I hereby state that I have revie specifically referred to above.	wed and understand the conte	ents of the above identified	specification, including	g the claims as ar	nended				
l acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Countr	Priority Not Claimed	Certified Copy Attached?					
	Country	(MM/DD/1111) Counti	y Not Claimed	YES	NO				
·									
·····	·								
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
ApplicationNumber(s	Filing Date (MM/DD/YYYY)							
60/524,956	November 25, 2003		numbers ar a suppleme	provisional appl re listed on ental priority dat B attached here	a sheet				

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (10-00)

Approved for use through 10/31/200; OMB 0551-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below						spondance address below			
Name	me JOSEPH S. TRIPOLI								
Address	THOMSON LIC	ENSING IN	IC.						
Address	PO Box 5312								
City	City State ZIP								
PRINCETON					NJ 0			312	
Country Telephone							· Fax		
USA		60	9-734-6834				(609) 734	4 - 6888	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR:					een filed for	r this un:	signed inventor		
Given Name DONALD WALTER					Family Name BARTCH or Surname				
Inventor's Signature Douald Walter Bartah Nov. 11, 2004							n.11,2004		
Residence: City		I	State	State Country			Citizenship		
York			Pennsylvania	u	us				
Mailing Address	s								
Mailing Address	s 601 M	Marlow Dr	ive						
City		State		ZIP	Country				
York		Pennsylv	vania	1740	7402 US				
NAME OF SEC	OND INVENT	OR:			A petition has be	en filed for	this uns	signed inventor	
Given Name ALAN ANDREW				Family Name HALECKY or Surname					
Inventor's Signature X Clar and whale 1 X Nov. 14, 2004									
Residence: City		State	_ c	Country		1	Citizenship		
Glenmoore			PA	us			J u	ıs	
Mailing Address									
Mailing Address 40 Elm Lane									
City	1	State			ZIP		Coun	Country	
Glenmoore		Pennsylv	ania] .	19343		บร	<u> </u>	
Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DF PARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>

Name of Additional Joint Inventor, if any:	A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname				
JOHN STEPHEN			FARRAH				
Inventor's Signature + John	Stephen	Far	rah	> Nov 15, 2004			
Residence: City Lancaster	PA State	US Country Citizenship		US Citizenship			
Malling Address			·	·			
Mailing Address 1411 West View Drive							
City Lancaster	PA State	ZIP 17	603	US Country			
Name of Additional Joint Inventor, if any:		☐ A petiti	on has been filed f	or this unsigned inventor			
Given Name (first and middle	e [if any])	T -	- Family Name or Surname				
JAMES FRANCIS		EDWARDS					
Inventor's Signature				Date			
Residence: City Lancaster	State PA	Country	US	Citizenship US			
Malling Address							
Mailing Address 1829 Rockford Lane)			·			
City Lancaster s	State PA	Zip 17601 Country US		Country US			
Name of Additional Joint Inventor, if any:							
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature	Date						
Residence: City State		Country		Citizenship			
Mailing Address							
Mailing Address							
City	State Zip			Country			

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box	+
Please type a plus sign (+) inside this box ———	•

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

						
Name of Additional Joint Inventor, if any:	☐ A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Fa	mily	Name or Surname	
JOHN STEPHEN			FARRAH			
Inventor's Signature			Date			
Residence: City Lancaster	PA State	Cou	US Country		US Citizenship	
Mailing Address						
Mailing Address 1411 West View Drive						
City Lancaster	PA State	ZIP	17603 US ZIP Country			
Name of Additional Joint Inventor, if any:			A petition has been filed	d for	this unsigned inventor	
Given Name (first and middl	e [if any])		Family Name or Surname			
JAMES FRANCIS		E	EDWARDS			
Inventor's James Francis Colwar			de		Date Nov. 11, 2004	
Residence: City Lancaster	State PA	Cou	untry US		Citizenship US	
Mailing Address						
Mailing Address 1829 Rockford Lan	е					
City Lancaster	State PA	Zip	Zip 17601 Country US		ountry US	
Name of Additional Joint Inventor, if any:						
Given Name (first and middle [if any])			Family Name or Surname			
Inventor's Signature			Date			
Residence: City State Country				Citizenship		
Mailing Address						
Mailing Address						
City State			Zip	C	Country	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.